

Division of Licensing and Protection  
103 South Main Street  
Waterbury, VT 05671-2306  
<http://www.dail.vermont.gov>  
Voice/TTY (802) 871-3317  
To Report Adult Abuse: (800) 564-1612  
Fax (802) 871-3318

April 16, 2015

Ms. Brenda Schill, Administrator  
Eastview At Middlebury  
100 Eastview Terrace  
Middlebury, VT 05753-9327

Dear Ms. Schill:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **March 18, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  0603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED  03/18/2015
NAME OF PROVIDER OR SUPPLIER  EASTVIEW AT MIDDLEBURY		STREET ADDRESS, CITY, STATE, ZIP CODE 100 EASTVIEW TERRACE MIDDLEBURY, VT 05753		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced onsite re-licensure survey and investigation of a complaint and entity self-report was conducted by the Division of Licensing & Protection on 3/16-18/2015. There were no findings related to the entity self-report, the following regulatory deficiencies were identified as a result of the re-licensure survey and complaint investigation:	R100		
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES  5.1 Admission  5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.	R104	See attached	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

R104 - R302 POCs accepted 4/16/15 M Higgins R/L Pme

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R104	Continued From page 1  (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.  This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that each resident, and the resident's legal representative if any, were provided with a written admission agreement which contained an explanation of the facility's policy regarding the acceptance of SSI or ACCS benefit payment if a resident's status changes from privately paying for services. Findings include:  Per record review at 10:30 am on 3/16/15 the facility admission agreement provided to residents on admission, and signed on admission, does not contain any information regarding the facility policy regarding acceptance of ACCS or SSI payments. The Executive Director (ED) confirmed in an interview on 3/16/2015 at 11:45 am that the required language regarding ACCS or SSI payments were not contained in the agreement.	R104		
R132 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 Special Care Units  5.6.c A home that has received approval to operate a special care unit must comply with the specifications contained in the request for	R132		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R132	Continued From page 2  approval. The home will be surveyed to determine if the special care unit is providing the services, staffing, training and physical environment that was outlined in the request for approval.  This REQUIREMENT is not met as evidenced by: Based on record review and interviews the facility failed to assure compliance with the specifications contained in the request for approval to operate a special care unit. Findings include:  Per review of the facility license includes licensure to operate a 20 bed Special Care Unit (SCU). In an interview on 3/16/2015 at 11:55 am the facility Executive Director (ED) stated that she was unaware of special requirements for a Residential Care Home (RCH) licensed to operate an SCU. On 3/18/2015 at 11 am the ED confirmed that there was no information available regarding the facility's request for approval and the compliance with the specifications.	R132		
R135 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.5 Assessment  5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.  This REQUIREMENT is not met as evidenced	R135		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R135	Continued From page 3  by: Based on record review and interview the facility failed to assure that one resident, in a sample of six, Resident #2 (R#2), who requires nursing overview, was assessed by a licensed nurse within 14 days of admission to the home. Findings include:  Per record review there is no admission assessment in the record of R#2, who was admitted to the facility on 11/29/2012. In an interview on 3/18/2015 at 2:10 pm the Health Services Director (HSD) confirmed that there was no admission assessment available for R#2.	R135		
R136 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.7. Assessment  5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that each resident was reassessed annually for two residents, in a sample of six, Residents #1 & #2 (R#1&#2). Findings include:  1). Per record review R#1 was admitted on 5/28/2013. The most recent assessment in the record is dated 6/24/2013. Per interview with the Registered Nurse (RN) and the HSD on	R136		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R136	Continued From page 4  3/17/2015 at 3:30 pm, there are no other assessments available for this resident.  2). Per record review R#2 was admitted to the facility on 11/29/2012. The only assessments available in the record are assessments dated 11/9 and 5/2 of 2014. On 3/18/2015 at 3:15 pm the HSD confirmed that no other assessments were available for R#2.	R136			
R146 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.9.c (3)  Provide instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate;  This REQUIREMENT is not met as evidenced by: Based on staff interview the facility failed to assure that the RN provided instruction and supervision regarding each resident's health care needs and nutritional needs and delegate nursing tasks as appropriate. Findings include:  Per interview with the HSD on 3/16/2015 the HSD stated that new direct care staff are assigned to work with a more skilled Residential Care Assistant (RCA). There is no specific process to determine when direct care staff is ready to be assigned to care independently. There is no instruction provided to the new staff by the nurse regarding basic skills and/or the specific needs of each resident. There is also no process for skills check or competency evaluation prior to and/or throughout employment.	R146			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R148 SS=E	<p><b>V. RESIDENT CARE AND HOME SERVICES</b></p> <p>5.9.c (5)</p> <p>Assure that residents' medications are reviewed periodically and that all resident medications have either a supporting medical diagnosis or problem;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to assure that there were supporting diagnosis in the record for all resident medications for two residents in a sample of six, Residents #2 &amp; #5 (R#2 &amp; #5). Findings include:</p> <p>1). Per record review R#2 receives Oxybutinin 5 mg by mouth (PO) Daily, a medication prescribed for Bladder Spasms, Symbyax 6/25 mg PO every bedtime (QHS), a medication for the treatment of Depression caused by Bipolar Disorder, an Antidepressant medication, Reguloid and Miralax PO Daily, both for Constipation. The medication Symbyax contains both an Antipsychotic and an Antidepressant medication. There are no supporting diagnoses for these medications in the record.</p> <p>2). Per record review R#2 receives Haldol 2 mg PO every 12 hours (Q12H) and Haldol 2 mg PO Q6H as needed (PRN), which is an Antipsychotic medication. There is no supporting diagnosis in the record.</p> <p>The HSD confirmed in an interview on 3/18/2015 at 11 am that there is not a process for nursing to assure that each record contains an all inclusive problem list in the record for each resident with a diagnosis for each medication administered.</p>	R148		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R149	Continued From page 6	R149		
R149 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c (6)</p> <p>Maintain a current list of all treatments for each resident that shall include: the name, date treatment ordered, treatment and frequency prescribed and documentation to reflect that treatment was carried out;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to assure that each resident record contained a current list of all treatments for each resident that includes: the name, date treatment ordered, treatment and frequency prescribed and documentation to reflect that treatment was carried out. Findings include:</p> <p>Per record review, treatments performed by licensed nurses, such as dressing changes, catheter changes, ear irrigations, and catheter care, are documented in the narrative notes and do not include all of the required information. In an interview on 3/18/2015 at 1:45 pm the HSD confirmed that there is no list of the treatments provided by nursing with the required information.</p>	R149		
R160 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.a Each residential care home must have written policies and procedures describing the home's medication management practices. The policies must cover at least the following:</p>	R160		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R160	Continued From page 7  (1) Level III homes must provide medication management under the supervision of a licensed nurse. Level IV homes must determine whether the home is capable of and willing to provide assistance with medications and/or administration of medications as provided under these regulations. Residents must be fully informed of the home's policy prior to admission. (2) Who provides the professional nursing delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. (3) Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. (4) How medications shall be obtained for residents including choices of pharmacies. (5) Procedures for documentation of medication administration. (6) Procedures for disposing of outdated or unused medication, including designation of a person or persons with responsibility for disposal. (7) Procedures for monitoring side effects of psychoactive medications.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to assure that facility Medication Management policies include all the required components. Findings include:  Per record review, the facility medication policies contain several components, however they do not contain the following:  1). Who provides the professional nursing	R160		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R160	Continued From page 8  delegation if the home administers medications to residents unable to self-administer and how the process of delegation is to be carried out in the home. 2). Qualifications of the staff who will be managing medications or administering medications and the home's process for nursing supervision of the staff. 3). How medications shall be obtained for residents including choices of pharmacies. And: 4). Procedures for monitoring side effects of psychoactive medications.  The policies also do not differentiate accurately the difference between assistance with medication and the administration of medications.  In an interview on 3/17/2015 at 2:40 pm the HSD confirmed that the policies provided were the current facility policies.	R160		
R162 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record.  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to assure that staff did not administer medications for which there is not a supporting diagnosis or problem statement in the resident's record.	R162		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R162	Continued From page 9  for two residents in a sample of six, Residents #2 & #5 (R#2 & #5). Findings include:  1). Per record review R#2 receives Oxybutinin 5 mg by mouth (PO) Daily, a medication prescribed for Bladder Spasms, Symbyax 6/25 mg PO every bedtime (QHS), a medication for the treatment of Depression caused by Bipolar Disorder, an Antidepressant medication, Reguloid and Miralax PO Daily, both for Constipation. The medication Symbyax contains both an Antipsychotic and an Antidepressant medication. There are no supporting diagnoses for these medication in the record.  2). Per record review R#2 receives Haldol 2 mg PO every 12 hours (Q12H) and Haldol 2 mg PO Q6H as needed (PRN), which is an Antipsychotic medication. There is no supporting diagnosis in the record.  The HSD confirmed in an interview on 3/18/2015 at 11 am that there is not a process for nursing to assure that each record contains an all inclusive problem list in the record for each resident with a diagnosis for each medication administered.	R162		
R164 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (2) A registered nurse must delegate the responsibility for the administration of specific medications to designated staff for designated	R164		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R164	Continued From page 10  residents  This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility failed to assure that the registered nurse delegated the responsibility for the administration of specific medications to designated staff for designated residents. Findings include:  Per interview on 3/16/2015 at 3:30 pm the HSD stated that s/he has worked at the facility for three months and that s/he has not done re-delegation on the staff presently administering medications to residents. This indicates unlicensed staff are currently administering medications to residents with no authority to do so. S/he is also the person who is responsible for medication delegation in the facility.	R164	
R165 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:  (3) The registered nurse must accept responsibility for the proper administration of medications, and is responsible for: i. Teaching designated staff proper techniques for medication administration and providing appropriate information about the resident's condition, relevant medications, and potential side effects; ii. Establishing a process for routine communication with designated staff about the	R165	

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	<p>Continued From page 11</p> <p>resident's condition and the effect of medications, as well as changes in medications;</p> <p>iii. Assessing the resident's condition and the need for any changes in medications; and Monitoring and evaluating the designated staff performance in carrying out the nurse's instructions.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview the facility failed to assure that the unlicensed staff are administering medications under the required conditions. Findings include:</p> <p>Per interview with the HSD on 3/16/2015 the delegation process for training medication administration is:</p> <ol style="list-style-type: none"> <li>1). Staff is provided a self study packet which they complete on their own.</li> <li>2). When they complete the self study they take a test (again on their own).</li> <li>3). The test is completed and any missed questions are reviewed with the nurse.</li> <li>4). The candidate observes medication pass by a trained unlicensed Med Tech for several passes.</li> <li>5). The nurse observes the candidate doing a medication pass for accuracy and addresses any errors.</li> <li>6). The nurse determines when and if the candidate may pass medications independently.</li> </ol> <p>The HSD confirmed that there is no direct teaching by the registered nurse regarding proper techniques for medication administration and specifics of the residents conditions; relevant medications, and potential side effects. Nor is there a defined process for routine communication with designated staff about the resident's condition and the effect of medications, changes in medications, assessing the resident's</p>	R165		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**EASTVIEW AT MIDDLEBURY**

**100 EASTVIEW TERRACE  
MIDDLEBURY, VT 05753**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R165	Continued From page 12  condition and the need for any changes in medications, and monitoring and evaluating the designated staff performance.	R165		
R169 SS=F	V. RESIDENT CARE AND HOME SERVICES  5.10 Medication Management  5.10.e Staff responsible for assisting residents with medications must receive training in the following areas before assisting with any medications from the licensed nurse:  (1) The basis for determining "assistance" versus "administration". (2) The resident's right to direct the resident's own care, including the right to refuse medications. (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication, dose, time, route. (4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives. (5) The home's policies and procedures for assistance with medications.  This REQUIREMENT is not met as evidenced by: Based on interviews the facility failed to assure that staff responsible for assisting residents with medications receive training in the following areas before assisting with any medications from the licensed nurse. Findings include:  Per interview with the HSD on 3/16/2015 the delegation process for training medication	R169		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PRDVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R169	Continued From page 13  administration is: 1). Staff is provided a self study packet which they complete on their own. 2). When they complete the self study they take a test (again on their own). 3). The test is completed and any missed questions are reviewed with the nurse. 4). The candidate observes medication pass by a trained unlicensed Med Tech for several passes. 5). The nurse observes the candidate doing a medication pass for accuracy and addresses any errors. 6). The nurse determines when and if the candidate may pass medications independently.  The HSD also confirmed that there is no direct teaching by the nurse regarding proper techniques for: (1) The basis for determining "assistance" versus "administration". (2) The resident's right to direct the resident's own care, including the right to refuse medications. (3) Proper techniques for assisting with medications, including hand washing and checking the medication for the right resident, medication, dose, time, route. (4) Signs, symptoms and likely side effects to be aware of for any medication a resident receives. (5) The home's policies and procedures for assistance with medications.	R169		
R178 SS=E	V. RESIDENT CARE AND HOME SERVICES  5.11 Staff Services  5.11.a There shall be sufficient number of qualified personnel available at all times to	R178		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIDN		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R178	<p>Continued From page 14</p> <p>provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews the facility failed to assure that there was a sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. Findings include:</p> <p>Per review of schedules dated 3/12-28/2015 there are slotted shifts on both units that are not filled. There are 2 units in the facility both located on the 1st floor. Garden Song is the secure Special Care Unit for residents with Dementia. Meadow Sweet is the traditional residential care unit. There are additionally 3 residents on the second floor independent living floor who are in the Floating RCH beds. These residents are covered by the staff on Meadow Sweet. There are 16 residents on Garden Song and 18 residents on Meadow Sweet. By report of the RN on duty on 3/18/2015 there are Residents on Garden Song requiring staff assistance as follows:</p> <p>Bed Mobility- 1 assist-3; 2 assist-1</p> <p>Transfers- 1 assist-6</p> <p>Shower- 1 assist-12</p> <p>Ambulation- 1 assist-2</p> <p>Dressing- 1 assist-4</p> <p>Incontinence-8</p> <p>Meadow Sweet:</p> <p>Bed Mobility- 1 assist-3; 2 assist-3</p> <p>Transfer- 1 assist-2; 2 assist-5</p> <p>Showers- 1 assist-12</p>	R178			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R178	<p>Continued From page 15</p> <p>Ambulation- 1 assist-1 Dressing- None Incontinence-11</p> <p>In an interview at 9:30 am on 3/17/2015 the HSD stated that the staffing pattern budgeted is for 4 RCAs on each unit on the day (7-3) shift, 3 RCAs on each unit on the evening (3-11) shift, and 2 RCAs on each unit on the night (11-7) shift. At this time there are two staff on medical leave and the facility tries to fill any call ins or empty shifts by offering overtime or using supplemental staff from staffing agencies. There is no scheduling position at the facility.</p> <p>In separate interviews at 7:25 am on 3/18/2015, 2 night shift RCAs stated that there are usually 2 people on each unit during the night shift. Both stated that recently there have been increasing times when there is only one person on Meadow Sweet. Although they state that there is never a time that a unit is left unattended. When the RCA on Meadow Sweet is alone it is necessary to call for assistance from Garden Song for any 2 assists to residents and to cover the unit when rounds are conducted on the 2nd floor residents. They both stated that the rounds on 2nd floor are done 2 or 3 times a night or if a resident calls for assistance. Additionally they stated that there may be times when they are busy, especially when there is only one person on one unit, and a resident may wait longer than usual for assistance.</p> <p>Additionally the majority of residents on Garden Song exhibit behaviors including anxiety and agitation.</p> <p>There are also 3 residents on Garden Song who are on Hospice and 1 resident on both Meadow Sweet and 2nd floor RCH beds who are on</p>	R178		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R178	Continued From page 16  Hospice. In an interview on 3/18/2015 at 11:15 am both the ED and the HSD confirmed that the staffing pattern is minimal staffing and that empty shifts do affect care provision.	R178		
R179 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(1) Resident rights;</li> <li>(2) Fire safety and emergency evacuation;</li> <li>(3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid;</li> <li>(4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation;</li> <li>(5) Respectful and effective interaction with residents;</li> <li>(6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and</li> <li>(7) General supervision and care of residents.</li> </ul> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to assure that all direct care staff received</p>	R179		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R179	Continued From page 17  at least 12 hours of education per year including, but not limited to, the 7 mandatory topics to be reviewed annually. Findings include:  Per review of the inservices records for the year 2015 for 5 randomly chosen direct care staff none of the five staff members received the required 12 hours of education. Additionally none of the 5 employees received training on all 7 mandatory topics. The total hours and mandatory topics per employee for the year 2014 are as follows:  E#1 5.75 hours total incl. Mandatory Abuse Reporting 30 mins and 15 mins Blood Borne Pathogens 15 mins E#2 2.5 hours total incl. Blood Borne Pathogens 15 mins E#3 6.5 hours total incl. Mandatory Abuse Reporting 30 mins and 15 mins E#4 5.5 hours total incl. Mandatory Abuse Reporting 30 mins and 15 mins E#5 2.25 hours total incl. Mandatory Abuse Reporting 30 mins  In an interview on 3/18/15 at 11 am the ED and the HSD confirmed that the staff had not received the required trainings in 2014.	R179			
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES  5.12.b. (3)  For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including	R189			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R189	Continued From page 18  changes in the resident's condition and action taken; and reports of physician visits, signed telephone orders and treatment documentation; and resident plan of care.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to assure that for two residents (Residents #1 & #2) in a sample of 6, requiring nursing care, including nursing overview or medication management, the record contains an initial assessment and/or annual reassessment. Findings include:  1. Per record review there is no admission assessment in the record of R#2, who was admitted to the facility on 11/29/2012. The only assessments available in the record of R#2 are assessments dated 11/9 and 5/2 of 2014.  2. Per record review R#1 was admitted on 5/28/2013. The most recent assessment in the record is dated 6/24/2013.  In an interview on 3/18/2015 at 2:10 pm the Health Services Director (HSD) confirmed that there were no other assessments available for Residents #1 & #2.	R189			
R302 SS=D	IX. PHYSICAL PLANT  9.11 Disaster and Emergency Preparedness  9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building	R302			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0603</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>EASTVIEW AT MIDDLEBURY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>100 EASTVIEW TERRACE MIDDLEBURY, VT 05753</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R302	<p>Continued From page 19</p> <p>when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record reviews and interview the facility failed to assure that fire drills were conducted on a quarterly basis and rotated times of day among morning, afternoon, evening, and night. Findings include:</p> <p>Per review of the 2014 fire drills the drills were conducted as follows:</p> <p>May 13 &amp; 30: 1&amp;3 pm June 4: 6:40 am August 27: 2 pm November 20: 4:10 pm December 18: 3:40 pm December 19: 6:40 am</p> <p>The facility planned the inservice times as being on the day, evening, and night shifts rather than for morning, afternoon, evening, and night. This was confirmed by the ED in an interview on 3/18/2015 at 11 am.</p>	R302		

APR 14 2015

EastView at Middlebury

Division and Licensing and Protection

State Survey

Plan of Corrections

April 10, 2015

In reference to page 1, R 104 V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a

This facility did not meet the requirements of providing language within our admission contract pertaining to acceptance of SSI or ACCS payments. Our plan of correction (POC) includes:

1. EastView has incorporated language in its occupancy agreement indicating that it is strictly a private pay facility.
2. This corrective action will be complete by June 5, 2015.



Lauren Bierman, RN  
Health Services Director

4/10/15  
Date

In reference to page 2, R 132 V. RESIDENT CARE AND HOME SERVICES 5.5 Special Care Units 5.6.c

This facility did not meet the requirements of ensuring compliance with the specifications contained in the request for approval to operate a special care unit. Our POC includes:

1. We will contact our representative at the Division of Licensing and Protection to retrieve all paperwork regarding this license, and work with them to ensure we are operating according to specifications for a special care unit.
2. This corrective action will be complete by June 5, 2015.



Lauren Bierman, RN  
Health Services Director

4-10-15

Date

In reference to page 3, R 135 V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b

This facility did not meet the requirements of ensuring a nursing assessment to each resident within 14 days of admission. Our plan of correction (POC) includes:

3. Resident #2 will have a nursing assessment to ensure that care has not been affected by this deficient practice.
4. Licensed nurses will review all charts to retrieve admission assessments and annual assessments. All assessments will be documented on a spreadsheet and will be filed together in their own section of the resident's chart. Any other individuals affected by this deficient practice will have an assessment completed within 14 days of this finding.
5. A folder will be created for all new resident intakes. This folder will be accessible to nurses and will contain all documents needed for an admission, including the admission assessment. A checklist will be created for the folder and the resident's chart, serving as a reminder of all tasks needed for admission.
6. A document will be created to track all resident assessments and annual assessments will be scheduled on the Outlook calendar to ensure they are not missed. A licensed nurse and the Health Services Director (HSD) will be responsible for ensuring all assessments are up to date.
7. This corrective action will be complete by June 5, 2015.



Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 4, R 136 V. RESIDENT CARE AND HOME SERVICES 5.7 Assessment 5.7.c

This facility did not meet the requirements of ensuring an annual nursing reassessment. Our POC includes:

1. Residents #1 and 2 will have a nursing assessment to ensure that care has not been affected by this deficient practice.
2. Licensed nurses will review all charts to retrieve the date of the last annual assessments. All assessments will be documented on a spreadsheet and will be filed together in their own section of the resident's chart. Any other individuals affected by this deficient practice will have a nursing assessment within 14 days of this finding.
3. A document will be created to track all resident assessments. Nurses and the HSD will receive a computer reminder of upcoming assessments to be completed.
4. A document will be created to track all resident assessments and annual assessments will be scheduled on the Outlook calendar to ensure they are not missed. A licensed nurse and the Health Services Director (HSD) will be responsible for ensuring all assessments are up to date.
5. This corrective action will be complete by June 5, 2015.



Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 5, R 146 V. RESIDENT CARE AND HOME SERVICES 5.9.c (3)

This facility did not meet the requirements of providing instruction and supervision to all direct care personnel regarding each resident's health care needs and nutritional needs; nor did we delegate these tasks appropriately. Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. All care plans will be reviewed by licensed nurses and HSD, in order to identify all resident care needs. Any resident found to be affected by this deficient practice will have an updated care plan within 7 days of this finding and all staff will complete competencies regarding the new care plan within 14 days.
3. All residential care assistants (RCAs) will be assessed by licensed nurses to ensure they are competent in providing direct patient care. All licensed nurses will be assessed by the HSD to ensure they are competent in training and educating residential care staff on providing direct patient care.
4. A document has been created to track all competency training, and includes all tasks performed by residential care staff. This document will be given to new employees in their health services packet and must be completed by a licensed nurse while the RCA is in their orientation, and prior to working on their own with a resident. All current RCAs will be reassessed by licensed nurses to ensure their performing all tasks safely and properly. RCA staff will be reassessed annually by a licensed nurse to ensure they continue safe practices. Any time a new care need is introduced to the community, all care staff (including RNs) will go through competency training and testing before they are able to perform the task on their own.
5. This corrective action will be completed for all new employees by April 10, 2015. This corrective action will be completed for all current employees by June 5, 2015.




Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 6, R 148 V. RESIDENT CARE AND HOME SERVICES 5.9.c (5)

This facility did not meet the requirements of ensuring all resident medications have a supporting medical diagnosis or problem. Our POC includes:

1. Residents # 2 and 5 will receive a medication review by licensed nurses, and their physicians will be contacted to update their medication list and problem list.
2. Licensed nurses will review the medication lists and problem lists of all residents. A letter will be sent to all physicians requesting an updated medication list and problem list.
3. In order to prevent this from happening again, we will update our procedures for entering new medications. When a licensed nurse enters the new medication onto the medication record (MAR), they will also update the problem list in the chart to include the new diagnosis. Our pharmacy will also be reviewing each resident's problem list when they visit for medication reconciliation to ensure that each medication is supported by a diagnosis.
4. The pharmacy will be providing a reconciliation service quarterly, and our licensed nurses will be reconciling charts and MARs when they complete each resident's annual assessment. This will ensure adequate quality assurance that our deficient practice will not recur.
5. These procedures will be in place and effective by June 5, 2015.



Lauren Bierman, RN  
Health Services Director


Date

4-18-15

In reference to page 7, R 149 V. RESIDENT CARE AND HOME SERVICES 5.9.c (6)

This facility did not meet the requirements of ensuring that each resident's record contained a current list of all treatments. Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. All charts and care plans will be reviewed for each resident, by a licensed nurse, and all residents who receive treatments by staff will have a list of treatments documented in their charts and a record of steps to follow for each specific treatment.
3. A treatment record will be created by the nursing staff to include specific steps to follow, assessment of the area requiring treatment, specifications about materials involved in the treatment, and a place for staff signature.
4. Treatment records will be reviewed monthly and with any change in care in order to ensure the deficient practice will not recur.
5. This procedure will be in effect by June 5, 2015.




Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 7, R 160 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10a

This facility did not meet the requirements of detailing who provides nursing delegation of medication administration; qualifications of medication technicians; the obtaining of medications including resident choice of pharmacy; procedures for monitoring side effects of psychoactive medications; nor do our policies differentiate between medication assistance and medication administration. Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. Medication policies and procedures will be reviewed and updated to include the above information. The policy of medication administration will state that this task is delegated by the HSD. The qualifications and competencies for medication technicians will be kept in a separate chart in the HSDs office. Our pharmacy agreements for each resident will be kept in their record. Our procedure for monitoring side effects of psychoactive medications will be updated and these assessments will be kept with the MARs. Our medication delegation policy will be updated to include the difference between medication assistance and medication delegation.
3. The medication technician program is being reviewed and updated at this time. The program and policies will be reviewed by multiple members of the management team to ensure that all portions of this requirement are met.
4. The medication program will be reviewed and updated on an annual basis to ensure we are compliant with state requirements and that this deficient practice does not recur.
5. This corrective action will be complete by June 5, 2015.

  
Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 9, R 162 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10c

This facility did not meet the requirements of ensuring that staff only administers medications for which there is a supporting medical diagnosis. Our POC includes:

1. Residents # 2 and 5 will have their MARs reviewed by a licensed nurse and their problem lists will be updated by their primary physicians.
2. Licensed nurses will review the medication lists and problem lists of all residents. A letter will be sent to all physicians requesting an updated medication list and problem list.
3. In order to prevent this from happening again, we will update our procedures for entering new medications. When a licensed nurse enters the new medication onto the medication record (MAR), they will also update the problem list in the chart to include the new diagnosis. Our pharmacy will also be reviewing each resident's problem list when they visit for medication reconciliation to ensure that each medication is supported by a diagnosis.
4. The pharmacy will be providing a reconciliation service quarterly, and our licensed nurses will be reconciling charts and MARs when they complete each resident's annual assessment. This will ensure adequate quality assurance that our deficient practice will not recur.
5. These procedures will be in place and effective by June 5, 2015.



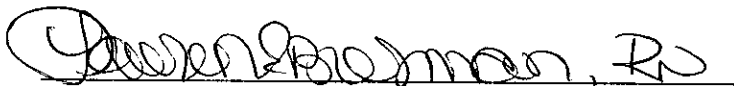
Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 10, R 164 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10d

This facility did not meet the requirements of properly delegating the responsibility of medication administration. Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. The HSD will be assessing the competency of the licensed nurses in their medication education to all medication technicians. If the licensed nurse is found to be competent in the education and training of medication technicians (MTs), the HSD will delegate the responsibility of training MTs to that nurse. The nurse will then begin assessing the competencies of all current MTs. If a MT is found to be competent in the process of medication administration, they will continue in the role of MT. If the staff is not found to be competent, they will be pulled from the position for training. They will not be allowed to administer medications until they have gone through the re-training process and have passed all competency tests.
3. The MT program is currently being reviewed and revamped to include classroom time with the HSD and licensed nurses. All current MTs and potential MTs will go through rigorous training to ensure they feel competent and knowledgeable in the area of medication administration.
4. All MTs will go through annual re-training to ensure their practice remains current and safe.
5. These procedures will be in place and effective by June 5, 2015.




Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 11, R 165 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10d

This facility did not meet the requirements of teaching designated staff proper techniques for medication administration; establishing a process for routine communication with delegated staff about the resident conditions and the effect of medications; and assessing the resident's condition and the need for a change in medications. Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. The MT program is currently being reviewed and revamped to include classroom time with the HSD and licensed nurses. All current MTs and potential MTs will go through rigorous training to ensure they feel competent and knowledgeable in the area of medication administration.
3. The MT program will consist of classroom training with a licensed nurse. The program will be updated to include proper techniques for medication administration and assessment of a resident's condition relating to specific medications. A policy will be implemented for new medications, indicating that licensed nurses must communicate with MTs regarding new medications, the reason for the medication, the effect of the medication, the side effects of the medication, and ways to assess the effects of the new medication.
4. A document will be created for each new medication and all licensed nurses and MTs will sign the medication stating that they understand all above information, and will be placed in the residents' record. These documents will be reviewed quarterly by the HSD to ensure that this deficient practice does not recur. All MTs will go through annual re-training to ensure their practice remains current and safe.
5. These procedures will be in place and effective by June 5, 2015.

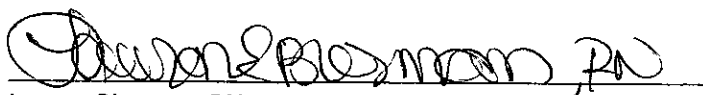
  
Lauren Bierman, RN  
Health Services Director

4.10.15  
Date

In reference to page 13, R 169 V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10e

This facility did not meet the requirements of differentiating between medication assistance versus medication administration; educating MTs on the resident's right to direct care and refuse medications; educating MTs on proper techniques for medication assistance; education regarding side effects of medications; and education on our facility policies regarding medication assistance . Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. The MT program is currently being reviewed and revamped to include classroom time with the HSD and licensed nurses. All current MTs and potential MTs will go through rigorous training to ensure they feel competent and knowledgeable in the area of medication administration.
3. The MT program will consist of classroom training with a licensed nurse. All medication policies and procedures will be reviewed with a licensed nurse. The MT program will be updated to include the differentiation between medication assistance and administration. A licensed nurse will review the resident's right to direct care and refuse medications, along with the procedures to follow when a resident does refuse. A licensed nurse will also review with the MTs and potential MTs where to find any information regarding side effects of medications.
4. A document will be created for each MT stating that they understand all above information. These documents will be reviewed and signed by the licensed nurses and HSD for each current MT and for each potential MT, stating that the licensed nurses and HSD all feel that the MT understands all above information.
5. These procedures will be in place and effective by June 5, 2015.

  
Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 14, R 178 V. RESIDENT CARE AND HOME SERVICES 5.10 Staff Services 5.11a

This facility did not meet the requirements of ensuring safe staffing levels. Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. Our staffing level is currently set up for 8 care staff on the day shift; 6 care staff on the evening shift; and 4 care staff on the overnight shift. When our full time staff is not able to fill all of the positions, staffing agencies are called to assist with filling the positions.
3. We are currently advertising for more care staff positions and undergoing several interviews each week. We have in the past month hired 5 new full-time health services employees, and we are also increasing our number of per diem employees. We have many light duty options available for staff members that are unable to lift due to injury. We continue to utilize staffing agencies when necessary to fill holes in the schedule. Our health services administrative assistant has taken on the role of scheduler for health services staff to provide extra assistance to the HSD in this area.
4. To ensure safe staffing levels we will continue with all of the above practices. All schedules will be posted in advance to ensure we have adequate time to fill any scheduling holes.
5. These procedures will be in place and effective by June 5, 2015.



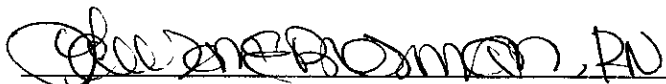
Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 17, R 179 V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11b

This facility did not meet the requirements of ensuring all staff receives at least 12 hours of mandatory education per year, including the 7 mandatory topics. Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. Education and in-services are now the responsibility of the HSD. The HSD schedules all in-services and maintains all employee records of continuing education. All health services staff will sign a document stating that they understand they are required to fulfill at least 12 hours of continuing education per year. By signing this document, they will also acknowledge that the inability to fulfill those hours can result in disciplinary action up to and including termination of employment.
3. All in-service education trainings will be scheduled for the calendar year, and staff will have a copy of this calendar so that they can plan ahead for all mandatory trainings. There will be two in-service trainings per month; one classroom training and one self-study. All hours will be recorded by the health services administrative assistant and available to employees when requested. Employees will also be asked to maintain a record of their own hours so that they have an understanding of what is needed to maintain employment.
4. To ensure this deficient practice does not recur, new staff will sign a document stating they acknowledge the educational requirements, and understand the policies pertaining to continuing education provided through our facility. Staff hours will be reviewed each month by the HSD, and staff will be sent reminders about their hours and what is still needed to meet the requirements. In-services will also be recorded to ensure that anyone unable to make the training will have a means of making up the credit.
5. These procedures will be in place and effective by June 5, 2015.

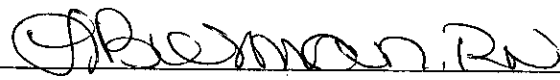
  
Lauren Bierman, RN  
Health Services Director

4-10-15  
Date

In reference to page 18, R 189 V. RESIDENT CARE AND HOME SERVICES 5.12.b (3)

This facility did not meet the requirements of ensuring all admission, annual, and significant change assessments are included within the resident's record; including the physicians admission statement and current orders, and physician visit notes within the resident's record; maintain staff progress notes within the record; ensuring proper signed telephone orders and treatment documentation are within the record; and resident plan of care within the resident's record. Our POC includes:

1. None of the reviewed residents were found to be affected by this deficient practice.
2. All resident charts will be reviewed. The team of licensed nurses and HSD will determine the essential versus non-essential information that needs to be kept in the record versus filed elsewhere. All assessments and physician orders/visits will be maintained within the resident's record. All nurse progress notes will be maintained within the record. Staff progress notes for the previous month will be maintain in the record, and then thinned to filing. Care plans will be maintained within the resident's record.
3. Resident charts will be reviewed annually with their annual assessment. Licensed nurses will be responsible for maintaining a complete and current chart. A document will be created for licensed nurse staff detailing what information is necessary to maintain in the chart, and what information can be stored in filing.
4. The above document will be placed in the front of the resident's chart to serve as a reminder for the nurses, and will also serve as a directory for the necessary information.
5. These procedures will be in place and effective by June 5, 2015.



Lauren Bierman, RN  
Health Services Director




Date

In reference to page 19, R 320 IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c

This facility did not meet the requirements ensuring that fire drills were conducted on a quarterly basis and rotated times of day. Our POC includes:

1. Policies and procedures relating to fire drills will be updated to ensure that they are being conducted at different times of day, including morning, afternoon, evening, and night. Drills will be conducted on a quarterly basis.
2. This procedure will be in place and effective by June 5, 2015.



Lauren Bierman, RN  
Health Services Director



Date